

For Affliction Does Not Come From the Dust

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ON THE EARLY MORNING of a spring day, a few years ago, I stood on the rim of a hill in the wastelands of the West, watching with interest the results of man's technical invasion of the desert valley below. Among my companions on this occasion was an American of national stature and recognition. In spite of the apparent age-old serenity of our surroundings, an undercurrent of excitement prevailed, and men spoke in the hushed tones of those who tread on the thresholds of cathedrals. On radio command, the panoramic desert scene was cut out by the blackness of dark glasses and even the brightness of the sun paled to that of a wan moon, dimmed by summer haze. There commenced then, over the loudspeaker a metronomic counting cutting through the cool morning air with the precision of a clock ticking off the seconds of doom, nine—eight—seven—six—five—four—three—two—one, and then, the blinding flash of nuclear fission.

The currents of brilliant colors in the swirling fireball, like some gaseous whirlpool of Dante's Inferno, had barely subsided when I turned to observe the reaction of my scientific companion, who was witnessing his first atomic explosion. He stood, dark glasses in hand, with tears coursing down his cheeks, unchecked and unnoticed, oblivious of his immediate surroundings, staring at the evidence of this unleashed power rising like some great genie over the sandflat below.

That night, over the evening meal, in a Las

Vegas restaurant, my companion apologized for his apparent display of emotions, stating that at the time he had been unaware of any objective evidence of his deep subjective reaction. He continued to explain that the morning's demonstration of man's ingenuity in wresting from Nature this particular secret of material power had overwhelmed his sense of personal and national accountability. It was his considered judgment that our scientific achievement posed a dire threat to mankind unless related to moral responsibility.

"We dare not forget," he emphasized, "that man is his brother's keeper."

Our world is faced with an explosive expansion in the field of science. Scientific information is said to have doubled in the first half of this century and then doubled again in the past 10 years. Ninety per cent of all scientists are *living today*. Our scope of interest knows no bounds and reaches from the searching eye of the electron microscope, dissecting as it does the minutest components of the single living cell, to exploration of the galaxies in space, millions of light years removed. Yet in spite of so bountiful a harvest of scientific knowledge, an uneasiness pervades the mind of thinking man. Although our globe now is encircled in a matter of a couple of hours, this same globe is divided into distrusting power-camps, each guarding its own physical and ideological perimeters with material weapons capable of destroying the very globe itself.

It is in this context of uneasy mind that Rene Dubos,⁵ professor at the Rockefeller Institute, writes:

"There is no longer any thoughtful person who believes that the conversion of Science into more

EDITOR'S NOTE: This article is published not only for the quality of the thoughts it expresses but in recognition of the increasing emphasis, both in medical organizations and teaching institutions, on the interrelationships of medicine and religion.

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Power, more Wealth, or more Drugs, necessarily adds to health and happiness, or improves the human condition. Indeed, haphazard scientific technology pursued without regard for its relevance to the meaning of human life, could spell the end of civilization."

The travail of those who observe the gradual erosion of personal identity in the strong tides of scientific progress, is expressed in the words of Kenneth Boulding²: "Science might almost be defined as the process of substituting unimportant questions which can be answered for more important questions which cannot."

There is not the least intention here to derogate science but rather to emphasize the dignity of man as a person and to appeal for a growth in symmetry of the individual. Science must and will continue her advance, ever pushing back the frontiers of the unknown, and yet at all times must remain the servant of man, *not* his master. The mere possession of facts or techniques or knowledge, in no wise guarantees a satisfactory answer to the pressing problems confronting our daily lives. The distinction between knowledge and wisdom is not merely an exercise in theoretical semantics, but actually is the very issue upon which personal values will be determined. William Cowper,⁴ with poetic instinct, focused clearly on this critical matter in the following lines:

Knowledge and wisdom, far from being one,
Have oft times no connexion. Knowledge dwells
In heads replete with thoughts of other men;
Wisdom, in minds attentive to their own.
Knowledge, a rude unprofitable mass
The mere materials with which wisdom builds,
Till smooth'd and squar'd and fitted in its place
Does but encumber whom it seems T'enrich.
Knowledge is proud that it has learned so much,
Wisdom is humble that he knows no more.

Medicine may be found in the vanguard of scientific exploration, constantly seeking to unravel the secrets of birth, health, disease and death; and then, with equal diligence applying these hard-earned discoveries in the ceaseless combat for the preservation of man's health and the prolongation of his fruitful years. With the ravages of infectious diseases in great part subdued, the battle lines now are being drawn in confrontation with the degenerative and neoplastic diseases prevalent in the older age population. This very change in tactics is evidence of the success of previous campaigns which have permitted man to mature safely through younger age groups whose ranks in the

quite recent past were decimated by the ravages of epidemic disease.

It is not a purpose of this presentation to dwell on the miracles of modern medicine, for the public today is confronted daily with convincing evidence of medical progress. This very progress, however, poses a certain threat to the symmetry of the treatment of man as a whole being. Dr. William Stahl,⁸ director of surgical research at the University of Vermont College of Medicine, recently wrote:

"Much of the advanced knowledge gained about patient care and the treatment of disease must be mediated through or monitored by a plethora of mechanical devices. Certainly one who has seen procedures such as open heart surgery, artificial kidney dialysis, organ transplantation, hypothermia and hyperbaric or high pressure oxygen therapy, is sometimes at a loss to find the *patient* amidst the welter of monitoring devices, electrodes, catheters, pressure recorders and blinking lights."

Specialization in medicine was inevitable when the horizon of medical knowledge became too broad for the comprehension of one person. As time moves on, this tendency will increase with a continued fractionation of the broad spectrum of medical disciplines. Certainly this changing pattern makes available highly specialized and efficient techniques of medical diagnosis and therapy, but all too frequently, the focus of attention narrows upon a *fragment* of the whole person. No one bemoans the passing of the horse and buggy doctor with his well-intentioned but far too often inadequate therapeutic and prophylactic efforts, and yet, this dignified and respected man of medicine dispensed a compassion of human understanding so essential to the healing of the whole body. Too often today we find this compassion lacking in the technically efficient but impersonal mechanics of modern medicine.

The practice of medicine is a fused product brought about by the ingenious blending of two elements, each necessary in the successful application of the profession to its mission of healing. The science of medicine on the one hand, is that broad stream swollen by the many factual tributaries from which those possessing the necessary intellectual receptacles may dip to slake their thirst for knowledge. This essential component is never lost with the death of the contributors but lives on to water and give growth to those who follow in their footsteps. Successors in medicine

build on the scientific discoveries of those who pioneered. Sir Alexander Fleming poured into the stream of medical science his great contribution and others have watered the original frail seed of antibiotic therapy until it has grown into a tree whose branches and roots now encompass a vast area in the field of therapeutics.

The other fraction of this effort might be designated as the *art* of medicine, a fraction which during the past decades has been crowded into a role of less and less participation. This element pertains to the personal application of the science of medicine and that delicate, but so important, reaction brought into play by the physician-patient relationship; and, in contra-distinction to the *science* of medicine, the *art* cannot be passed on accumulatively from generation to generation. Rather, it must be learned anew by each neophyte of the medical profession. Just as the great artist carries with him to his grave the genius of those masterful strokes of brush on canvas, so is the art of medicine enfolded in the shrouds of the physician.

The distinguished Swiss physician, Paul Tourner,¹⁰ in exploring the person of man, wrote:

"Information is intellectual, whereas communion is spiritual; but information was the path that led to communion. Information speaks of personages. Communion touches the person. Through information I can understand a case; only through communion shall I be able to understand a person. Men expect of us that we should understand them as cases; but they also want to be understood as persons. There are two routes to be followed in the knowledge of man: one, is *objective* and scientific, the other, is *subjective* and intuitive. They cannot be equated together, for they require the exercise of utterly different faculties. One proceeds by logical analysis and precise assessment; the other by a total understanding. One is an endless progression; the other is a sudden and complete discovery."

The wise physician is aware of that mysterious triad fusing man into a single being which Holy Writ informs us was created in the image of God, and the perceptive physician visions health in its broadest concept, to encompass the body, the mind and the spirit. To heal the body in the face of a broken mind or spirit is but a partial victory, and one which all too frequently reverts to failure initiated by the inroads of mental or spiritual disease on the physical component. The past few decades have had much to say about psychoso-

matic medicine, and current medical thinking emphasizes the effects of man's mental and spiritual status upon his physical wellbeing.

Dr. Paul Tillich,⁹ the eminent theologian, in his book on healing, wrote:

"Jesus was called a physician, and it is the physician for whom we ask first when we are looking for health. And this is good. For, as all generations knew, there is healing power in nature. And much healing is possible if this power is wisely used and skillfully aided. Those who despise this aid and rely on the power of their will ignore both the destructive might and the constructive friendliness of Nature . . . the physician can help, he can keep us alive, but can he make us whole? Can he give us salvation? Certainly not, if discord, cleavage, restlessness rule our mental life, if there is no unity and therefore no freedom in our soul, if we are possessed by disordered anxiety and disordered aggression, if mental disorder or disease are threatening or have conquered us."

Eliphaz, the Temanite,¹ although he demonstrated in his discussions with Job an inadequate equipment for the ministry of consolation, *did* utter a profound truth when he stated: "For affliction does not come from the dust, nor does trouble sprout from the ground, but man is born to trouble as the sparks fly upward." What he would appear to mean here is that affliction does not just happen, and is not related merely to the material facet of man, but rather is the result of a complexity involving the spiritual and mental as well as the physical components.

The physician of today, resplendently equipped as he is with the accoutrements of medical science, nevertheless appreciates his limitations in the face of the mystical nature of man and realizes that the material or physical master key alone cannot unlock all of the storehouses of health. He humbly acknowledges that the clinical laboratory while competent to assay the physiological status of his patient, is not equipped to assess a level of spiritual wellbeing.

During the Second World War, I served for a time with a roving band of guerrillas behind enemy lines. My interpreter, a Communist physician, and I, had ample opportunity for protracted discussions as we hid in caves or camped in the mountains between periodic military forays. In debates in which we set forth or defended our individual philosophies of life, my materialistic friend would express repeatedly his amazement that I, a

man of science, could believe in anything that could not be demonstrated by scientific standards of proof. He prided himself in his staunch belief only in those things which could be tested in the exacting crucible of laboratory research or solved by the precise intricacies of a mathematical formula.

One sunny afternoon as our motley band of warriors rested on the side of a mountain, my interpreter physician informed me that we had been surrounded by the enemy and our position was most precarious. Plans called for an attempted dash through this encirclement after dark. Letters home might be written and hidden safely where they might be recovered later and forwarded to loved ones in the event of death.

As I sat writing a farewell letter to my wife and children, each breath of air, each glint of sunlight on the sparkling mountain stream, each copper-tinted autumn leaf, each cascading warble of the birds, each sigh of the wind became crystallized into something a thousand times more beautiful and sweet when viewed in the perspective of life and death. My Communist friend sat a stone's throw away, deeply engrossed in the bitter-sweet task of composing words which might be a final communication with his wife and children.

In the midst of writing I paused to interrupt my companion's sober reflections and to question him as to whether the significant thoughts embodied in his composition were such as could be proved in the test tube or on the blackboard. His answer was an averted look, for he knew as well as I did that our most profound thoughts in the face of the impending crisis were not related to the material things of life, nor could they be measured by the tools of physical exploration. There were neither qualitative nor quantitative tests that could evaluate accurately our intimate personal experiences of love or hope.

In a brief and inadequate form we have recognized the scientific progress of this century and at the same time evidenced an uneasiness lest medicine, wrapped in the fascination of a deluge of brilliant discoveries, forget that "affliction does not come from the dust" and lose sight of the fact that man is a person whose substance is far greater than the sum of his components. It is quite natural at this point that we turn our attention to the historical and significant part in the care of the sick played by our professional brethren of the cloth.

In the earliest recorded histories of man the

roles of the priest and the physician have been so closely related as almost to be inseparable. Priests of old were the intellectuals of their time and in this capacity they observed, recorded, and stored the medical knowledge of the day. King Ashurbanipal of Assyria, during the seventh century before Christ, collected some 800 clay tablets relating to medical matters and placed them in the great library of Nineveh. This association of the priest and the physician is noted historically through the centuries in the writings of Egyptian medicine, the Vedantic medicine of India, the Zoroastrian medicine of Persia and the Mosaic medicine of the Children of Israel. Calder,⁸ in tracing the early history of medicine, wrote:

"Moses, as the adopted son of Pharaoh's daughter, was in all probability, trained for the priesthood, and so acquired a knowledge of hygiene and medicine. His religion—the Monotheism of the Jews—did not accept the Gods of disease and healing, nor the exorcism, nor the astrology, nor the incantations—the priests were not physicians but medical officers of health. They were remarkably aware of communicable disease. The Book of Leviticus is an excellent sanitary code, giving instructions on proper and improper food; clean and unclean objects; the hygiene of childbirth and menstruation; and the prevention of contagion. The transmission of leprosy was recognized and directions were given for the isolation of people with infections and for the disinfection of their property."

Through the pages of the sacred books of the Hebrews and the Christians one observes a growing importance of the person of man. Christ's admonition that thou shouldst love thy neighbor as thyself and the clarifying parable of the Good Samaritan placed a new dimension on the measure of man, a physical or natural factor as well as a spiritual. Just as the physician in his modern environment of surging scientific progress must be aware of the importance of the spiritual in the etiology and therapy of disease, equally important is the need for a deeper appreciation on the part of the clergy of the significant role man's physical nature plays in his spiritual welfare. Albert Schweitzer⁷ expressed this thought as follows:

"All spiritual life meets us within natural life. Reverence for life, therefore, is applied to natural life and spiritual life alike. In the parable of Jesus, the Shepherd saves not merely the soul of the lost sheep but the whole animal. The stronger the rev-

erence for natural life, the stronger grows also that for spiritual life."

It was because of this very reverence for physical life that the Christian Church played so significant a role in the development of hospitals for the care of the sick.

The purpose of this particular conclave, meeting as we are today, surrounded by towering evidence of scientific medical achievement, is to inaugurate Dr. Granger E. Westberg as the Dean of the Institute of Religion. And what is this Institute of Religion? It may be defined by a quotation taken directly from an official brochure of information:

"The Institute of Religion, in the Texas Medical Center, Houston, is a pioneering program in the field of health. It joins the findings of medicine and the insights of religion in healing. Instruction and inspiration are offered to the entire health team of physicians, nurses, ministers and medical students.

"It is the first institution of this kind in any medical center in the United States. The program embodies the experience of nearly four decades of clinical training. Medical and nursing professionals deepen their insights into the meaning of religion and health and the place of the clergy in healing. Ministers learn pastoral care in a life situation, under competent supervisors. The goal is to develop a team approach to spiritual problems in the field of health."

The concept of a team approach, namely, the physician and the priest, in the care of man's illness is as ancient as the history of man himself; and yet it is only within recent times that a serious and concerted effort of joint education and joint participation in this particular facet of health care has become evident. The leaven of interest appears to be working in both professional camps. The pioneering efforts of the Institute of Religion, here in the Texas Medical Center, have crossed not only state and national boundaries but inter-continental boundaries as well.

The American Medical Association demonstrated a very real interest in the closer physician-clergyman relationship in patient care by the establishment in 1961 of a Department of Medicine and Religion. This department, at present directed by the Reverend Dr. Paul B. McCleave, has fostered cooperative physician-clergy programs in an increasing number of medical societies the length and breadth of the nation.

When I served as dean of St. Louis University School of Medicine it was my responsibility to deliver a series of lectures to the senior medical students on a variety of practical as well as philosophical subjects best summarized under the general heading "The Art of Medicine." Parenthetically, the appointment of a Presbyterian as the dean of a Jesuit School of Medicine was an ecumenical act of rather unusual dimensions—and this before the official actions of the beloved late Pope John. One of the subjects in this series of presentations dealt with the relationship of the physician to the clergyman, the priest or the rabbi in the care of the patient, and pointed out that in a team approach to any situation the areas of responsibility of the individual units of the team should be defined clearly. In a well coordinated action each member has a contribution to make, a contribution based on a background of wisdom acquired through a period of rigorous education and maturation.

In a health team, problems of incoordination will arise—and this often to the detriment of the patient—when a member of a team begins to act authoritatively on the fringes of his particular area of competence. Thus, the clergyman, untrained in psychiatry, who attempts to encroach upon this specialized field becomes a cause for concern. Similarly, the physician, untrained in theology, who would don the cloth of the clergy and make decisions on the theological fringes of medical science, is practicing without proper qualifications. This definition of specific areas of responsibility does not preclude the physician's interest in the spiritual welfare of the patient nor the clergy's concern in the parishioner's physical wellbeing. The witness of a physician with religious faith can play a significant role in the solution of a patient's spiritual problem and in this capacity he assists, not primarily as a physician, but as a man of religious understanding and on the basis of their common humanity. By the same token, the clergyman, priest or rabbi, educated in an institution such as this, which we honor by our presence here today, carries with him insight into the physical, mental and spiritual problems of the sick which immeasurably enhances his services as a shepherd to his pastoral flock.

Dean Westberg, to direct the destiny of this institution is a most peculiar honor as well as a wonderful responsibility. May the Institute of Religion under your guidance continue her research in join-

ing the findings of medicine and the insights of religion for the benefit of the suffering. May your efforts focus on the better appreciation, by clergyman and physician alike, of a balanced order of health values by virtue of a clearer interpretation of the whole of man's life.

Many centuries ago a Persian poet,⁶ with remarkable insight into the physical and spiritual components of man, wrote:

*"Shouldst thou repair, then, to thy larder
and there, find of all thy once bounteous store,
but two loaves remain, I yet council thee to
sell ONE wherewith to buy white hyacinths to
feed thy soul."*

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